

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|--------------|--------|----------|
| FEE DETERMINATION | <i>mg</i> | | 10/8/00 |
| O.I.P.E. CLASSIFIER | | | 10/1/00 |
| FORMALITY REVIEW | <i>M. M.</i> | 71629 | 11-17-00 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|---------|
| Final Original | |
| 1 | 2/18/00 |
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| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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